

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

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BIRD-LIME.

We noted in our last number that the Phenomenon's organ had been devoting its editorials of late to criticisms upon the address of the late president of the American Medical Association, and treating its readers to unlimited gush upon the beauties of the Code of Ethics. We thought the fact significant, and wondered if the Phenomenon intended perpetrating some new sham. In proof of our prophetic olfactories cast the nose gently over these delicate rose-buds. We have enough of them to make a nose-gay, but two will suffice for a sample:

THE COSTLINESS OF MEDICAL EDUCATION.

A medical education costs perhaps more in proportion than any other, theological preparation excepted. A large number of young men anxious to obtain a medical education are deterred from doing so by the great outlay necessary. We understand, with a view of giving aid to those needing it, the Trustees and Faculty of the Louisville Medical College (Kentucky) have created a number of beneficiary scholarships. Any one interested can obtain the facts by a letter addressed to the Louisville Medical College, Louisville, Ky.

The Herald has been given the right to select one young man sufficiently educated to receive it, to whom the college will grant a beneficiary scholarship. We will gladly aid any deserving young man in this respect to this extent.—*Vicksburg Herald*, August 4, 1876.

THE COSTLINESS OF MEDICAL EDUCATION.

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We have been accorded the privilege of naming one beneficiary.—*Kentucky Live-stock Record*, Lexington, August 5, 1876.

Of course there is nothing alike in these two notices published a thousand miles apart in the same week; and the idea that they could have emanated from the same genius would be repudiated with as much horror as the assertion that the Louisville and Kentucky concerns are the same, or that twice two are four. The theological dodge is a new feature, and quite worthy of the general cant of the beneficiary system.

We dislike to interfere with any commissions which the thirty-five hundred newspapers in the United States may be making out of this job; but if they are doing the business as a matter of supposed philanthropy, they may be obliged to us for informing them that the "beneficiary" is a sham, and that they are being used as drummers. Send for a catalogue of the institution named, and see that recipients of the "beneficiary scholarships" are charged \$55 for the privilege of being certified as paupers. If they wish to take the quizzes or examination tickets of the professors, \$10 for each of these is demanded. Moreover, these are the ordinary fees of the college. Such editors who have been dead-beat out of an advertisement would do well to publish these facts in the interest of truth.

Wherein does the style of the literature we have quoted differ from that of the Buchu man or of the people who advertise "pills not to be used during pregnancy"?

In contemplating this miserable beneficiary sham, one can not but ask with the

editor of the Richmond and Louisville Medical Journal, in the issue for January, 1869, By what principle of ethics are dishonorable practices in the doctor honorable in the teacher?

Original.

LARYNGEAL PHTHISIS: ITS IMPORTANCE AS RELATES TO LIFE INSURANCE, ETC.

BY M. F. COOMES, M. D.,

Demonstrator of Anatomy and Clinical Lecturer on Ophthalmology and Otology, Hospital College of Medicine; Junior Surgeon to the Louisville Eye and Ear Infirmary, Louisville, Kentucky.

Laryngeal and phthisis pulmonalis are so closely connected as to make it almost a matter of impossibility to consider one without the other; not simply because of their pathological and histological similarity, but because of their proximate location and direct anatomical relation.

The advances in laryngology since the introduction of the laryngoscope have been marvelous. Many things have been brought to light that were in comparative obscurity before its introduction. The laryngoscope is the key with which we may unlock many of the hidden recesses where disease is prone to linger, and is the only means we possess to make the diagnosis of laryngeal affections certain.

It may be well to mention in this connection that the mucous membrane which lines the trachea and bronchial tubes is continuous with that which covers the larynx, and that the nerve-supply of the lungs and larynx is derived from the same source—the pneumogastric and great sympathetic.

I think I can safely say that the larynx may be taken as an index to represent certain pathological conditions of the lungs and other thoracic organs. Its subjective and objective symptoms all have a meaning that is of the greatest importance in the diagnosis of disease. There is no reason why it should not be taken as an index, because the means of arriving at the diagnosis

of incipient or advanced phthisis are not more abundant than they should be, and this is certainly an aid that ought not be discarded; for in cases of incipient phthisis, when the physical signs of the chest are absent, and there is no objective symptom present save a slight cough, which inconveniences the patient but little, a view of the larynx will throw quite a different light on the picture; it shows congestion, a condition frequently met with in patients affected with phthisis pulmonalis.*

The next point is, what produced congestion of the larynx? It might be attributed to the cough; but the cough can only be a secondary cause; hence we may reasonably conclude that some adjacent part is affected, and that the laryngeal congestion and cough are due to one and the same cause—namely, pressure or irritation of the recurrent laryngeal nerve. There are three conditions in which this nerve may be compressed—in aneurism of the arch of the aorta, in consolidation of apices of the lungs, and enlargement of the lymphatics.

It is not always possible to diagnose the presence of an aneurism of the arch of the aorta or an enlarged lymphatic gland in the region of the recurrent laryngeal nerve, nor is it always possible to say with certainty that there is or is not a deposit in the apex of the lung in those patients where there is persistent cough. "Phthisis pulmonalis is sometimes preceded by unequivocal signs of tracheal and laryngeal irritation,"† which is frequently present before any thing can be detected by auscultation.

The important point to be determined now is what produces the cough; because cough always means that something is wrong, no matter how trivial it be. The diagnosis of the cause of cough in these obscure cases can only be made by exclusion, and one man is rarely able to arrive at an accurate conclusion in these instances, from the fact that auscultation and laryngoscopy are the main sources of reliance, and that it is the rarest

* Morell McKenzie, foot-note, page 185.

† Blakiston on Diseases of the Chest, page 367.

thing to find one man who is an expert in these two particular branches of science; hence the necessity of having two to conduct a thorough examination.

By physical and other means of diagnosis we exclude pneumonitis, pleuritis, bronchitis, aortic aneurism, and all the symptoms that accompany phthisis pulmonalis. By interrogation it is determined that the cough is not hysterical or due to one of the many common causes that produce it. Laryngoscopic examination shows that there is no ulceration or abrasion of the surface of the larynx, no foreign body or abnormal growth, which would account for the cough and congestion. There is no catarrhal affection of the larynx or pharynx to produce the cough and congestion; but yet all or a portion of the larynx is congested, and the patient has a cough. All the visible causes have been excluded, or rather all the causes that are to be detected in the living subject by inspection, auscultation, palpation, or other means of physical diagnosis.

The final conclusions must be based upon our knowledge of the anatomical relations between the larynx and thoracic organs; and as a natural consequence, when all the causes but one have been excluded, it is an easy matter to conclude which that is; and at last it is determined that the cough and congestion must be due to irritation or pressure upon the recurrent laryngeal nerve or some of its communicating branches, and that the irritation or pressure must be caused by some pathological change of the lungs.

LOUISVILLE.

TRAUMATIC ANEURISM—LIGATION OF THE FEMORAL ARTERY.

TAKEN FROM THE NOTES OF M. KEMPF, M. D.,
BY E. J. KEMPF.

Miss Cutler, while preparing some pumpkins for pumpkin-pies on New-Year's Eve, 1864, wounded her thigh with a "butcher-knife" about four inches above the internal condyle of the femur. I saw her fifteen hours after the accident had occurred, and found

her in the following condition: tormented by great thirst, countenance pallid, pulse feeble, and extremities cool. I ascertained that the patient had lost a great quantity of blood. When she wounded her thigh she felt as if something had given way near her heart.

On removing from the wound the dressing, which consisted of a puff-ball,* a compress, and a handkerchief tightly tied—a proper dressing in such an emergency—I found a clean incised wound about two inches in length, the edges of which were well glued together by lymph. From the great loss of blood I concluded that some large artery had been wounded; and as the patient lived about twelve miles from the nearest surgeon, I thought it my duty, regardless of all stoppage of hemorrhage and the slight adhesion of the wound by first intention, to make a thorough examination of the case.

The patient having been put under the influence of chloroform, I thoroughly examined the wound. A few clots of blood were removed, the artery or arteries supposed to have been injured were coaxed to bleed, but I found nothing that indicated an injury to an artery of large size; or, if any had been injured, nature and the treatment which had been adopted had secured the parts from present bleeding. Having waited due time, I approximated the edges of the wound with a few stitches and adhesive strips; a graduated compress and a roller completed the dressing. Placing a tourniquet around the thigh of the patient at a proper place, and giving directions how to use it in case of emergency, I left the patient in charge of a gentleman who had served as a nurse to wounded soldiers of the late war.

January 4th I was again summoned to see Miss C. on account of an occasional hemorrhage and a pulsating tumor situated around the wound. On removing the dressing I saw to my astonishment a case of traumatic aneurism. Having put the patient under the influence of chloroform, I enlarged the

*A species of mushroom, dried.

wound to find the injured vessel, and to ligate it. Accordingly I made an incision about an inch in depth, when a dreadful gush of blood caused me to desist and immediately to tighten the tourniquet. I again commenced my dissection; but the obscurity of the anatomy of the injured parts occasioned by the diffusion of blood, the great depth of the injured vessel—which I was now convinced was the popliteal artery—made me again hesitate and reflect on the method which would be the wisest for me to pursue. I now concluded to change my tactics, and, as I remarked to my martial friend, not to “fight it out on this line,” but to tie the femoral artery in its middle course—that is, about five inches below Poupert’s ligament. Accordingly I cut down upon the vessel in that situation along the internal border of the sartorius muscle. Directing my assistant to draw the above-mentioned muscle outward, I carefully divided the areolar tissue with the knife and finger, thus exposing the common sheath of the femoral artery and vein. Opening this—*i. e.*, the common sheath of the two vessels—with great caution, I carefully ligated the exposed artery with a stout silk thread. The tourniquet being now slackened, I turned my attention to the traumatic aneurism, opened it freely, and cleansed it of all coagulated blood. No further hemorrhage occurring from the traumatic aneurism, my care was directed to the wound which I had made; its edges were brought in apposition with a couple of stitches and adhesive strips. Having done this, I anointed the affected leg with sweet-oil and tincture of arnica, placed a graduated compress over the wound caused by the butcher-knife and one on the wound I had made, wrapped the leg in cotton wadding, and confined the whole with a bandage. I remained with the patient fourteen or fifteen hours, when to my great joy the temperature of the thigh began to rise; and no hemorrhage occurring, I left Miss C. with the following directions: the tourniquet to be tightened in case of hemorrhage, anodynes to be given to ease pain and pro-

cure sleep, and nutritious diet to strengthen the debilitated patient.

From this time on every thing progressed favorably. The ligature came off twenty-two days after the operation, and the patient was up in about six weeks after the occurrence of the injury, though it took fully six months before the thigh regained its former strength. A small ulcer on the big toe was the only trouble that resulted from the operation.

FERDINAND, IND.

DR. PHILIP THORNBERRY.

Dr. Philip Thornberry died at the residence of his brother-in-law, J. B. Johnson, in the city of Paducah, June, 1876. He was a native of Jefferson County, Ky.; born in October, 1820; therefore was in his fifty-sixth year. He commenced the study of medicine with Dr. Lewis Rogers, and after a time became a pupil of Dr. Joshua B. Flint, both of the city of Louisville. He received the degree of M. D. from the Jefferson Medical College at Philadelphia in the year 1846, and immediately began the practice of his profession in Louisville as partner of the late Dr. J. B. Flint, which partnership continued for nine years. At the expiration of this time he removed to his farm near Louisville, where he continued to practice until 1872, when his failing health forced him to abandon his profession. For several years his health was very poor, and it might be truly said he was a constant sufferer from that time up to the date of his death; yet he bore his suffering with the fortitude becoming a Christian gentleman.

The last year of his suffering was passed in this place, during which time it was my pleasure to frequently attend him in connection with one of my colleagues, Dr. D. A. Maxwell. His repeated conversations impressed us with the fact that he was well educated in his profession, and never faltered in his devotion to it and his confidence in the science of medicine. He delighted to talk about the medical profession, and his countenance would brighten when expressing

his admiration for our noble calling. His early failure of health was a great misfortune, as he was so capable and willing to work in his profession, and would have contributed so much to relieve the suffering of his people. He was ever ready to extend charitable aid in the profession, and it gave him great pleasure to bestow such services on those who merited it, feeling that in that way he was doing much good. His great delight seemed to be to relieve suffering.

He was married January 16th, 1855, to Miss C. A. Small, daughter of the late Braxton Small, who was for forty-two years clerk of the court of McCracken County. He was a devoted, affectionate husband, and a zealous friend. He was a member of the Baptist Church, and full of faith and hope, ready for the summons. He leaves a devoted wife, but no children. She has the sympathy of her many friends in her sad bereavement.

After long years of suffering he is at last at rest in that abode where the truly good and just must receive their reward. "A peaceful grave for him where tender vines entwine."

J. W. T.

Correspondence.

POISON-OAK ERUPTION.

To the Editors of the Medical News:

I have just read in your journal an article by Professor L. P. Yandell, jr., on "Poison Oak." I think I can still add one to the list of reliable remedies for the torment inflicted by that infernal thing; to wit, fluid extract of gelsem. sempervirens, applied by simply brushing it over the affected part with a feather.

Some few weeks ago I had to prescribe for a boy who had got the poison, of all places in the world, all over the genital organs. The burning sensation invariably came on about sunset, and tormented the patient all night long, subsiding always at daylight. (Here was a good hint to try quinine, but

I failed to use it.) After trying about a dozen of so-styled "infallibles," I heard of the gelseminum, and concluded to try it; for I was just then "at the end of my row," and badly bothered to find a remedy. The first application gave complete relief, and the patient slept soundly all night. After that the gelseminum was applied three more times, and that ended the job; and a most devilish, troublesome job it was until the gelseminum let me out of the scrape.

Some thirty years ago I saw sulphate of copper (two grains to one ounce of water) used in a great number of cases, and with general success; but lately I have known it to fail several times. Should I ever be called upon to treat another case, I would certainly try quinine at the start. The gelseminum treatment may be already known to many or all readers of the NEWS; but if not, they are abundantly welcome to the hint. I do not propose to take out a patent for it just at present.

E. H. BERNARD.

SULPHUR SPRINGS, TEXAS, July 29, 1876.

TREATMENT OF SORE THROAT BY CAPSICUM, ETC.

In the early part of my professional life, thirty-five or forty years ago, when I was a resident of North Carolina, I met with a great number of cases of putrid sore throat. I had more than ordinary success in the treatment of the disease by a very simple and domestic remedy—a mixture of salt, red pepper, and vinegar. I am inclined to think that my brethren at that time were not disposed to put much faith in a treatment so highly unscientific and non-official; but I was a tyro in the art, and grasped at any aid which promised to lead to success, and besides the treatment was mentioned by Dunglison in his Practice as being in use in the West India Islands.

Having freely scarified the tonsils, I began the free use of the following: red pepper and salt, each a teaspoonful; water and vinegar, each half a pint; to be boiled down to one half its bulk and strained; when cool to be

used as a gargle *ad libitum*. I did at times make applications of the nitrate of silver, but the success I had I attributed mainly to the capsicum gargles.

In scarifying the tonsils I used an ordinary thumb-lancet inserted into a split piece of white-oak bark, leaving its point only exposed. By these means the operation could be freely done without danger to surrounding parts.

At the time of which I write the "steam doctors" were in full blast, and had considerable success in their practice; more, in fact, than many of the "regulars." Capsicum was a favorite remedy with them.

LITTLE ROCK, ARK. W. L. TERRY, M. D.

ACUTE RHEUMATISM.

To the Editors of the Medical News:

The treatment of acute rheumatism has for a long time been justly regarded as among the most unsettled and unsatisfactory of all the problems in therapeutics. Bleeding and time, calomel and opium, acids and alkalies, lime-juice and colchicum, quinine and sulphur, cotton wadding and ice, hot water and iron, etc., through a very long list, embrace but a few of the many means in use for the relief of this most intractable of diseases. Many of the above remedies I have tried, but none have yielded me the uniform satisfaction I have derived from the following agents, simple as they may seem to be—so simple, indeed, and so very old-fashioned that some of your readers may be scarcely willing to prescribe them. I hope, however, that none will be deterred on account of the reasons named, and that when called on to treat their next case of rheumatism they will give the drugs named an impartial trial.

I begin the treatment by putting one ounce each of Epsom salts, nitrate of potash, and powdered sulphur into one quart of boiling water. This, after being allowed to stand in a covered vessel for six hours, is well strained, and given in doses of one ounce three or four times during the day.

To the swollen and painful joints I apply, by means of cloths, a liniment composed of olive oil, \mathfrak{z} v; chloroform, \mathfrak{z} ij; hartshorn, \mathfrak{z} vj; tincture of aconite root, \mathfrak{z} ij. M. Apply sufficiently often to relieve pain. Should the above means not secure rest at night I administer a full dose of bromide of potash, and repeat in one hour, if necessary.

I have now used it in quite a number of cases of acute and even violent rheumatism, and have not seen it fail to do good.

PERRYVILLE, MO. J. W. FUTRELL, M. D.

Selections.

THE THERAPEUTICS OF HEADACHE.

Dr. A. A. Smith, Adjunct Lecturer on Clinical Medicine at Bellevue College, publishes in the New York Medical Record a lecture on the Therapeutics of Headache, of which we make the following abstract:

IN HEADACHE DUE TO NERVOUS DISTURBANCE (HYSTERICAL).—*When associated with Plethora.*—A saline cathartic (citrate of magnesia) and—

R Sodii bromid..... \mathfrak{z} vi;
Elix. valer. amm..... \mathfrak{z} iv.

M. Sig. \mathfrak{z} i every hour until relieved.

When associated with Anæmia.—Give iron after meals. In these anæmic cases it is often advisable to stimulate the heart's action, for which purpose—

R Amm. muriat..... \mathfrak{z} ss;
Tinct. actæa racemosa..... } aa \mathfrak{z} iij.
Aque }

M. Sig. \mathfrak{z} ij after meals in a wineglass of water.

When associated with Depression of Spirits.—A pill containing phosphorus (gr. $\frac{1}{15}$) and nux vomica (gr. $\frac{1}{4}$) three times a day.

When associated with Sleeplessness.—

R Camph. pulv..... gr. xxv;
Ext. cannab. ind. gr. x;
Ext. hyoscyami..... gr. xx.

M. Div. in pill No. x.

Sig. One at night. Repeat in two hours, if necessary to produce sleep.

HEADACHE DEPENDENT ON GOUT.

R Vin. colch. sem..... \mathfrak{z} iij;
Lithii bromid..... ss;
Syr. zingib..... ss;
Aq. cinnamoni, q. s. ad..... \mathfrak{z} vi.

M. Sig. \mathfrak{z} ss in a tumbler of Vichy water every four hours. Such patients will be benefited by the regulation of the hygiene, tonics, a partial discontinuance of stimulants, particularly those which have

been found by experience to aggravate the gouty symptoms.

SICK HEADACHE.—Of this variety there are two forms, the neuralgic and dyspeptic. In the neuralgic the pain precedes nausea; in the dyspeptic variety, follows it. Emetics and laxatives do good in the dyspeptic variety only. For such headache and any headache not malarial—

R Guarana pulv..... ʒ iss.

Div. in chart vi.

S. A powder every fifteen minutes until relieved or all are taken. Give in sweetened water.

MALARIAL HEADACHE.—Quinine to cinchonism. If pain continues to recur, arsenic and belladonna.

HEADACHE OF SYPHILIS.—Pain more severe at night, and is quite apt to awaken the patient after twelve by its increasing severity. The use of calomel in one-tenth-grain doses every hour, for twelve hours immediately preceding the time that it awakens the patient, gives more rapid relief than the ordinary constitutional treatment. The calomel treatment may be continued for two or three days, and then stopped and iodide of potassium given. I usually begin the iodide in fifteen-grain doses after meals, and gradually increase it until iodism is produced or irritation of the stomach occurs, provided the symptoms do not yield earlier. It may be necessary to push it to three hundred and fifty or four hundred grains a day before the symptoms yield.

HEADACHE OF RHEUMATISM.—Characterized usually by tenderness of the scalp, which is increased on pressure or motion. Use the mild faradic current on the scalp, and internally the following:

R Potass. iodide..... } aa ʒ iss;
Amm. muriat..... }
Infus. humuli..... ʒ vi.

M. Sig. ʒ ss four times a day in a wineglass of water.

In some cases which have not yielded to the above treatment bromide of ammonium in twenty-grain doses every two hours is effectual.

URÆMIC HEADACHE.—Make the kidneys act if you can; apply dry cups over the region of them, and give internally the following:

R Potass. acetat..... ʒ vi;
Infus. digitalis..... ʒ vi.

M. Sig. ʒ ss every three hours.

The infusion should be made from fresh English leaves. Give this until the kidneys act freely, if you can make them do it within twenty-four hours. You can not always rely on this, however. If the kidneys do not act freely, and the headache is not relieved within twenty-four hours, give a saline cathartic. A treatment almost domestic and often very effectual is to put an ounce of cream tartar into a quart of water, and have the patient drink this in eight or ten hours. It acts both as a diuretic and cathartic.

DRUNKEN HEADACHE.—Remove the alcohol from the intestinal canal. For this give of rhubarb and magnesia calcined each half a dram, and then give the following:

R Spts. amm. aromat..... ʒ ij;
Tinct. camph..... ʒ iss;
Tinct. hyoscyami..... ʒ iiss;
Spts. lav. comp. q. s. ad..... ʒ ij.

M. Sig. ʒ i every hour until the headache is relieved, and then give capsicum (gr. ij) and quinine (gr. iij) before each meal for several days. If there be sleeplessness, give

R Sodii bromid..... ʒ ss;
Chloral hydrat..... ʒ iiss;
Syr. aur. cort..... ʒ ss;
Aque..... ʒ iiss.

M. Sig. ʒ ss at night. Repeat in two hours if necessary to produce sleep.

HEADACHE OF DYSPEPSIA.—If there is indigestible food in the stomach, and it has been there some time, give an emetic, as mustard and warm water or sulphate of zinc (gr. xv), and remove it. If there is evidence of indigestible food in the alimentary canal beyond the stomach, give of rhubarb and magnesia gr. xx each, and remove it from the bowels. If the headache be frontal, and the pain is located immediately over the eyes, give dilute nitro-muriatic acid in ten-drop doses, well diluted, after meals. If the pain is located about the roots of the hair, give an alkali before meals, as gr. xx bicarbonate of soda or magnesia. The dyspeptic headache oftentimes is not confined to these regions, but spreads over the entire head. In such cases I combine an acid with an alkali, and add to these nux vomica, as in the following prescription:

R Sod. bicarb..... ʒ iiss;
Ac. nitro-mur. dil..... ʒ ij;
Tinct. nuc. vom..... ʒ iiss;
Syr. aurant. cort..... ʒ vi;
Aque, q. s. ad..... ʒ vi.

M. Sig. ʒ ss after meals in a wineglass of water.

If there be gastric pain, a mild counter-irritant, as a mustard-plaster to the epigastrium, will often relieve the pain in the head as well as the pain in the stomach. If flatulence be a troublesome symptom, give the following:

R Bismuth subcarb..... ʒ iiss;
Tinct. nuc. vom..... ʒ iiss;
Tinct. card. co..... } aa ʒ iv.
Spts. lav. comp, q. s. ad..... }

M. Sig. ʒ ij before meals in a wineglass of water.

If there be constipation, the following pill may be given, one in the morning:

R Aloes pulv..... ʒ ss;
Ext. nuc. vom..... gr. v;
Ext. belladonna..... gr. iv.

M. Div. in pil. No. xv.

In some forms of headache associated with stomach indigestion I have found small doses, often repeated, of tinct. nux vomica effectual. I give a single drop

every fifteen minutes, and continue this two or three hours, if necessary. In other cases, where the headache comes on soon after a meal, and seems to depend on delayed stomach digestion, large doses of pepsin are effectual. Give half a dram saccharated pepsin in a wineglass of sherry wine three times a day, and let it be taken during meals.

HEADACHE FROM CEREBRAL CONGESTION—Active variety.—Dark room, cold to head, saline cathartic, and—

R Sodii bromid..... ʒ iiss;
Fl. ext. ergot..... ʒ iiss;
Syr. zinib..... ʒ ss;
Aq. aurant. Flor. q. s. ad..... ʒ iv.

M. Sig. ʒ ss every two hours.

If the skin be hot and dry, and the pulse full and rapid, give Fleming's Tinct. Aconit. Rad. gtt. ij every two hours until the heart's action is sensibly diminished. Sometimes a hot mustard foot-bath will give relief.

Passive variety.—Improve condition of the blood by the use of iron, quinine, bitter tonics, alcoholic stimulants, good food, and stimulate the heart's action by the use of the following:

R Tinct. digitalis..... ʒ iij;
Spts. amm. aromat..... ʒ vi;
Spts. lavand co..... } aa ʒ iij.
Syr. simp. q. s. ad..... }

M. Sig. ʒ i every four hours.

HEADACHE OF CEREBRAL ANÆMIA.—Improve the general condition of the patient and stimulate heart's action as recommended in the passive cerebral congestive variety. Nitrite of amyl will relieve the immediate headache. Let the patient inhale from three to five drops of it on a piece of cotton placed within one nostril while the other is held closed. When associated with nervous exhaustion I employ the following:

R Strych. sulph..... gr. ss;
Tinct. fe. chlor..... ʒ ij;
Glycerinæ..... ʒ ss;
Infus. gentian q. s. ad..... ʒ vj.

M. Sig. ʒ ss after meals in a wineglass of water.

ALCOHOLIC STIMULANTS IN HEADACHE.—These are beneficial in headache dependent on cerebral anæmia. Champagne is a specially favorite form, and is much relished by those who suffer from nervous exhaustion. You should use caution in recommending it to such patients, as it may lead to serious results. Give it always as a remedy and not as a beverage. A safe plan is to recommend brandy, a tablespoonful after each meal, and limit the champagne to one glass, and let it be taken with the dinner.

IMPROVED SUPPOSITORIES AND NASAL BOUGIES.—A Vienna chemist, Mr. F. A. Grohs, had attempted for many years to replace the fat in suppositories, etc., by some substance which would not melt so quickly

between the fingers, and which could be molded and introduced with greater facility. He was for a long time unsuccessful, but at length he found in the *gelatine* extracted from the bones of calves a substance suitable to his purpose. This substance is flexible and elastic, and yet not too soft; it can be mixed with various medicinal agents and run into molds. Suppositories of this material have for many years been used by Professors Braun and Sigmund with great success in cases of uterine catarrh and gonorrhea. The gelatine may be medicated with astringents, as alum, tannin, rhatany, and salts of lead, iron, zinc, and bismuth, with anodynes, as morphia, belladonna, and even chloral hydrate. Mercury and iodine can also be applied in this way, but permanganate of potash is inadmissible, as it destroys the gelatine. The suppositories made with this substance are elastic, like India-rubber: they do not melt easily between the fingers, and they are much cheaper than those made with cacao butter.

Bougies of this material have been employed also in cases of nasal disease. Their use was first introduced at the laryngoscopic clinic, and it has been attended with great success. The bougies used resemble those already employed in urethral diseases; they are something over three inches in length, and from one eighth to one fourth of an inch in diameter, and are pointed at one end, so as to be more easily introduced. The drugs most commonly applied in this way are the astringents, as sulphate of copper, alum, rhatany, and carbolic acid. Hitherto the treatment of nasal disease has been confined to injections of tepid water and solutions of different drugs, and applications of caustics to the nasal mucous membrane by means of a *porte-caustique*, the latter of which methods causes intense pain when the mucous membrane is swollen and the meatus is narrow. Further, cauterization can not be employed sufficiently often. The introduction of the nasal bougie, on the contrary, is not at all painful; the elastic body adapts itself to every irregularity in the nasal cavity, passes very easily through the narrowest parts of the meatus, and dilates them by a gentle pressure.

These bougies have been used in cases of coryza and ozæna, and with great success in cases of extensive swelling of the nasal mucous membrane and of the turbinated bones.

There is no difficulty in introducing the bougie. It is advisable to give it a rotatory as well as an onward motion during introduction. Even in the most obstructed meatus it is possible to introduce the bougie completely and in any direction; afterward the nostril is plugged with lint, to prevent the liquefied gelatine from escaping by any other orifice than the posterior nares. When there is much secretion present the bougie may liquefy in three quarters of an hour, but it usually takes three hours. It causes no unpleasant

sensation while in the nose, and it is useful not only in applying medicaments to the mucous membrane, but in keeping the meatus dilated.—*Medical Examiner.*

NITRITE OF AMYL.—This agent appears to be growing into favor among practitioners on both sides of the Atlantic. It is employed to a considerable extent in the asylums of America in the treatment of the epileptic insane. In nearly all the cases where the paroxysms are foreshadowed by an aura or any other premonition it is effectual in preventing the attack. The epileptic wards are described as having been "revolutionized" through this agency. It has been used in asthma, angina pectoris, and dyspnea from various causes. There appears to be very little danger from it under any ordinary circumstances. Anæmic persons require a larger quantity and should use it with more care. Dr. Squibb says he was exposed to its vapor to an unusual extent in consequence of the breakage of a pint bottle, and the necessity to remain and exert himself in an atmosphere heavily charged with the vapor in order to prevent an explosion, which was imminent. The feeling of swelling of the head and body, and a sensation as if about to fall, were extreme for a time, but passed off without ill effects. The sensorium was clear during the whole time. Nitrite of amyl is administered in the same manner as chloroform. The most popular method is to inhale from a small vial, the mouth of which is applied to one nostril. One to three full inspirations are sufficient. Asthmatics and others often carry it in the vest-pocket to use in emergencies. It requires a glass stopper.—*Pacific Med. and Surg. Journal.*

PRESERVING ICE.—Dr. Sampson Gamgee recommends very highly the following method of preserving ice in the sick-room: cut a piece of flannel, about nine inches square, and secure it by ligature round the mouth of an ordinary tumbler, so as to leave a cup-shaped depression of flannel within the tumbler to about half its depth. In the flannel cup so constructed pieces of ice may be preserved many hours, all the longer if a piece of flannel from four to five inches square be used as a loose cover to the ice-cup. Cheap flannel, with comparatively open meshes, is preferable, as the water easily drains through it, and the ice is thus kept quite dry. When good flannel with close texture is employed, a small hole must be made in the bottom of the flannel cup; otherwise it holds the water and facilitates the melting of the ice, which is nevertheless preserved much longer than in the naked cup or tumbler.

CHILD CRYING IN UTERO.—W. H. Dean, M. D., of Woodstock, Ga., reports to the Atlanta Medical Journal the case of a woman in labor with her fourth

child. The waters having been discharged before his arrival, he found on examination the cord prolapsed and the "head above the superior strait." "The woman got up to have her bed arranged, and while up the child in utero commenced crying vigorously so as to be heard all over the room, and if persons had been listening could have been heard all over the house." The size of the house is not mentioned. The thing happened on the 7th of April. Had it been a week sooner we might have believed it.—*Pacific Medical and Surgical Journal.*

DATURIA AS A SUBSTITUTE FOR ATROPIA.—It has been proposed to substitute daturia, the alkaloid of the Jamestown weed, for atropia, as a mydriatic. The two alkaloids were formerly considered as identical, but their difference is now acknowledged. Daturia is three times as active as atropia, and its dose is therefore much less. When applied to the eye it does not cause the pain and confusion of vision which follow the use of atropia. Its effects are more constant and persistent. Such are the statements recently published.—*Pacific Med. and Surg. Journal.*

SALICYLIC ACID FOR OFFENSIVENESS OF BREATH AND EXPECTORATION.—Dr. Da Costa (Medical and Surgical Reporter) prescribes salicylic acid, five grs., dissolved, by means of a dram of glycerine, in half an ounce of water, taken three times a day, in cases where the breath or expectoration is offensive. If internal administration does not accomplish the desired result, it can be used with the atomizer in a solution of similar strength.

Miscellany.

AMERICAN DERMATOLOGICAL ASSOCIATION.
We take pleasure in publishing the following card. The object is a worthy one, and not only are the dermatologists interested in the movement, but every general practitioner is equally interested in the formation of such a society. To the specialists we may look most hopefully for discoveries and improvements in the nature and management of the morbid conditions to whose study their entire time is devoted; and as their observations and opinions are published to the world, all physicians have the benefit of them:

NEW YORK, July —, 1876.

Dear Sir,—At an informal meeting of the undersigned, held in Philadelphia, at the rooms of the Sec-

tion of Practical Medicine of the American Medical Association, Wednesday, June 7, 1876, after election of a chairman and secretary *pro tem.*, it was

Resolved, To call upon such American physicians as had evinced a special interest in Dermatology to unite in forming an American Dermatological Association.

Resolved, That the meeting for organization be held in the University of Pennsylvania, Philadelphia, Wednesday, September 6, 1876, at 6 P. M., or immediately after the close of the meeting of the Section of Dermatology and Syphilology of the International Medical Congress on that day.

It is sincerely desired that you will be present and aid in the organization. Please signify your pleasure to the secretary at the earliest opportunity, and oblige,

Very truly yours,

L. D. BULKLEY, 1 E. 33d St., N. Y.,
Secretary pro tem.

ED. WIGGLESWORTH, JR., Boston,
Chairman.

LOUIS A. DUHRING, Philadelphia.

L. P. VANDELL, JR., Louisville, Ky.

GEORGE HENY FOX, New York.

J. E. ATKINSON, Baltimore, Md.

AN AUSTRIAN AMBULANCE TRAIN.—In the present threatening aspect of European politics the following description, condensed from the Daily News, of an ambulance train in the Austrian Department of the Brussels Hygienic Exhibition may not be without interest. The train consists of seven railway carriages, fitted up so as to form a perfect moving hospital, with stores, kitchen, and accommodation for surgeons and attendants, besides appliances of every sort for the conveyance and succor of the wounded. Along the middle of each carriage runs a gangway; and as there is a platform connecting each carriage with the one before and behind it, there is thus a passage running from end to end of the train. All the carriages and platforms are well lighted at night, and there is electrical communication between the different parts of the train. The first carriage is devoted to the commandant of the train, the sous-commandant, and two surgeons. The space on each side of the gangway is divided so that there are four small cabins, one for each of the four occupants. Each cabin is fitted with a seat, which also forms a bed, a flap table, and as

many conveniences as can be crowded into the very small space available. The second carriage contains two officers' cabins and a number of cupboards for stores and provisions. The third is fitted up as a kitchen. The fourth is arranged for a refectory or dining-room, with tables and benches along the sides. The rest of the train consists of three ambulance carriages, each capable of carrying ten wounded men. The litters in which the wounded men are brought to the train are lifted up and placed in a sort of rack, so that the litter when placed on the racks forms the bed. There are six men on one side and four on the other, the litters being placed on two horizontal lines, one above the other, like the berths of a ship. All the arrangements, even to the minutest detail, are most complete, and the only question is whether they are not too elaborate to stand the rough work of actual service. This train is intended to be accompanied by a large number of field ambulances, whence the wounded would be transferred to the train.—*British Medical Journal.*

ADVANCE IN KNOWLEDGE OF SEDATIVES.—

Paul Henry Stokoe, B. A., M. D., in Guy's Hospital Reports (1876), says: "Sydenham is reported to have said that he would renounce his profession were he deprived of opium; and the modern physician, two centuries later, with so many and diverse curative appliances at his disposal, might well give up his calling in despair if sedatives, his principal *levamenta morborum*, were banished from therapeutics. In our function of alleviators of the physical maladies and infirmities of humanity, it is our paramount advantage in the present day that we have not to depend upon opium alone, very numerous additions to our sedative materia medica having been made within the last few years. How important these additions are may be gathered from the statement made in 1821 by De Quincey—no mere dabbler in therapeutics—that 'opium is the one sole *catholic* anodyne which hitherto has been revealed to man;' and in adding

hemlock and henbane to the list he exhausts the catalogue of well-accredited sedatives of his time. If, however, we now possess in chloroform, chloral, aconite, potassic bromide, digitalis, atropia, and other sedatives, a much more imposing array of ease-bringing medicines, it is indubitable that the highly-strung nerves of modern society require greater power, certainty, and variety in the means of relief from pain, restlessness, and irritation, and the supply does not do more than keep abreast of the demand."

EXIT "DOCTOR" BUCHANAN AND HIS DIPLOMAS.—John Buchanan was a Scotchman. He came to Philadelphia and picked up a number of charters of defunct schools, which constituted his capital in trade. With these in hand John organized the "Pennsylvania University." In other words, he advertised that fabulous institution; for that was all he had to do. The title resembled that of the time-honored and world-renowned "University of Pennsylvania." He sent his advertisements all over the world—to Great Britain, Europe, Australia. For \$25 he would furnish a diploma to any person who would forward him a thesis with the evidence of one year's study. Had he offered to sell diplomas out and out for \$25, no person with common-sized ears would have been deceived. But the thesis and the year's study looked like business, and John made money. Hundreds of smart people thought they were getting sheep-skins from the orthodox university, the mother of American schools. "Philadelphia diplomas" soon became the laughing-stock of the world. For their own credit Philadelphia professors and doctors arose in wrath and exposed John's villainy. The legislature annulled the old charters, but the Buchanan mill continued running till its true character was universally known, and then the \$25 fees ceased to come in, and instead thereof came bills and duns. Reports were circulated that the maker of doctors had disappeared, and the Daily Times newspaper sent a reporter to ascer-

tain the status of the institution. More recently we learn from the newspapers that the "Doctor" is supposed to have sailed for Europe, perhaps to open a medical university in Glasgow, and that death in the form of a sheriff has taken possession of his late "Pennsylvania University."—*Pacific Medical and Surgical Journal*.

PUNCH ON THE ANTI-VIVISECTORS.—The comic press is coming to the aid of the doctors in England on the vivisection question. The British Medical Journal of July 29th says: "Punch's whole-page cartoon this week is entitled 'Stupidity and Ignorance: Meeting of Medical Professors.' Operating Professor: 'By this experiment we have ascertained that we can alleviate the sufferings of thousands of our fellow creatures. I may further add—' Policeman (interrupting): 'No you may n't. We have had enough of this sort o' thing. You must move on!' Professor: 'Move on? We can't move on if you interfere.' The four figures at the table are portraits of Jenner, Paget, Henry Thompson, and Ernest Hart."

FLORIDA COUGH.—The New York Gazette has the following hit: "The most popular fashionable affectation among young ladies ravenous for social notoriety is the 'Florida cough,' which is regarded by those who have been abroad as a fine substitute for 'Roman malaria,' so fashionable a few years ago. The Southern malady is supposed to be contracted sitting on the piazza of a Magnolia or Jacksonville hotel, flirting and eating oranges alternately. Those who have never been near either place suffer dreadfully from the disease."

THE CONCOURS AT GALVESTON AND AT PARIS.—The proposition to re-establish the *concours* in the selection of professors to vacant chairs in the University of Paris was defeated. Medical France was not so republican. The *concours*, however, has found favor in Texas. The late medical bill in that state so orders it.

NO ROW IN UNIVERSITY OF NEW YORK.—The Boston Medical Journal intimates that the statement of its New York correspondent that the recent changes in the faculty of the Medical Department of the University of New York were effected under disagreeable circumstances has been denied by the gentlemen in question.

HOW THEY LIKE IT.—The Nashville Journal, the New York Medical Record, and the Cincinnati Lancet object strenuously to Sims' address. The Philadelphia Reporter takes it half-and-half. The Virginia Medical Monthly backs the anti-present-ethical notions in a neat argument of several pages.

PROMPT AND APPROPRIATE.—Agricultural journals which have been "accorded" the privilege of appointing benefactors to the Phenomenon might confer the favor very "promptly and appropriately" on healthy jackasses.

HIRSCHFELD.—*Le Monde Russe* announces the death of M. L. Hirschfeld, the eminent anatomist, at Varsovia, on the 28th of April. M. Hirschfeld was born at Varsovia in the year 1814, and prosecuted his studies in the Universities of Breslau, Berlin, and Paris.

TRANSFERENCE OF MEASLES TO DOGS.—Dr. Squire recently narrated to the London Epidemiological Society an instance of the conveyance of measles from man to the dog. A dog licked the hands of a child in bed with the rash of measles at its height. The dog sickened on the twelfth day, suffered from coryza two days, and died on the fourth day of illness with most characteristic congestion of the throat and air-passage. The dog had gone through distemper four years before; a proof that the usual form of distemper in dogs is not measles.

RETURNED TO DUTY.—Dr. J. W. S. Gouley resumes his old position as Professor of Diseases of the Urinary Organs, etc., in the University of New York.

DRUNKEN DOCTORS.—Lives there a man whom some *considerate* acquaintance has not bored with stories of miracles performed by a drunken doctor of his native village? If in addition to his being a sot he happened to be an Indian or a lunatic, language is too feeble to convey an idea of his skill, and our historian only clasps his hands and mutely rolls his eyes upward.—*Hall's Journal*.

ARRIVAL OF HUXLEY.—Prof. Huxley has arrived in New York. He was received by Prof. Youmans and Mr. Appleton. He will deliver three lectures on the direct evidence of evolution.

EXTENT OF THE HOT WEATHER.—The sun distributed its favors quite equally during the heated term of July. Foreign journals note the fact of increased temperature and mortality during the period.

THE LOUISVILLE BATTALION.—Two hundred physicians are registered in the city directory of Louisville. Thirty-five are in the schools.

PRELIMINARY EXAMINATIONS.—On and after September 1st, 1876, the Albany Medical College will require preliminary examinations.

RESIGNATION AT HARVARD.—Dr. Jas. T. Chadwick has resigned his lectureship on Diseases of Women in the Harvard Medical School.

THE prize medal at the Chilian World's Fair was awarded to Messrs. Wm. R. Warner & Co., of Philadelphia, for the superiority of their sugar-coated pills.

ANOTHER.—Prof. Coskery contributes to the New York Medical Journal for August an account of a new apparatus (No. 3,415) for the treatment of fractured leg. It is a modification of Smith's anterior splint, and is based on the supposed necessity for active extension.